Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4009AGC	A. BUILDING _____ B. WING _____	01/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME OF FAITH AND HAPPINESS	6418 SPRING MEADOW DRIVE LAS VEGAS, NV 89103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility between 1/14/10 and 1/26/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. The facility received a re-survey grade of D and is required to submit an additional application.	Y 000		
Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview, record review and observation between 1/14/10 and 1/26/10, the administrator failed to provide oversight and direction to the staff to ensure 5 of 5 residents received the needed services and protective supervision they required (Employee #5 was an unqualified caregiver left alone with residents). Severity: 2 Scope: 3	Y 050		
Y 069 SS=F	449.196(1)(e) Qualifications of Caregiver-Meet needs NAC 449.196 1. A caregiver of a residential facility must: (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility. This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview on 1/26/10, the facility hired 1 of 5 caregivers that did not possess the appropriate knowledge, skills and abilities to meet the needs of the residents (Employee #5 - a	Y 069		

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Y 069	Continued From page 2 part-time cook left alone with residents without any caregiver training). Severity: 2 Scope: 3	Y 069		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 1/14/10, the facility failed to ensure 1 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #4 - missing annual signs and symptoms TB check and initial physical exam) for the protection of all residents. This was a repeat deficiency from the 6/16/09 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each	Y 105		

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Y 105	Continued From page 3 member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 1/14/10, the facility failed to ensure 2 of 5 caregivers met background check requirements (Employee #4 and #5). This was a repeat deficiency from the 6/16/09 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview on 1/26/10, the facility failed to ensure the only caregiver on duty (Employee #5) had not completed training in first aid and cardiopulmonary resuscitation (CPR) affecting all residents.	Y 106		

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Y 106	Continued From page 4 Severity: 2 Scope: 3	Y 106		
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 1/14/10, the facility did not obtain physician orders to administer over-the-counter (OTC) medications to 1 of 5 residents (Resident #2 - Loperamide Hydrocloride and Tylenol Arthritis Pain). Severity: 2 Scope: 1	Y 877		
Y 879 SS=F	449.2742(6)(a)(2) Medication / Change order	Y 879		

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Y 879	Continued From page 5 NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 1/14/10, the facility failed to ensure that 3 of 5 residents received medications as prescribed (Resident #1 - Calcium Plus; Resident #4 - Aricept and Glucosamine; Resident #3 - Cymbalta, Prilosec and Hydrocortisone Cream). Severity: 2 Scope: 3	Y 879		
Y 885 SS=E	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of	Y 885		

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Y 885	Continued From page 6 destruction of medication. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation and interview on 1/14/10, the facility did not destroy medications after they were discontinued, had expired or after a resident had been transferred (Hydrocodone APAP 5/500 and Duc-O-Lace). Severity: 2 Scope: 2	Y 885		
Y 895 SS=F	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 895		

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Y 895	Continued From page 7 This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 1/14/10, the facility failed to ensure the medication administration record (MAR) was accurate for 5 of 5 residents (the MAR lacked the strength and directions for medications). Severity: 2 Scope: 3	Y 895		